

**CHECKLIST FOR INITIAL ADOPTION SUBSIDY PACKET**

Child’s Full Adoptive Name: Click here to enter text.

Child’s Birth Name: Click here to enter text.

Court Date: Click here to enter text.

Case Number: Click here to enter text.

**THE FOLLOWING DOCUMENTS AND INFORMATION (CHECKED) ARE ATTACHED:**

- Signed Petition for Emergency Custody
- Signed Emergency Custody Order
- Signed Order Terminating Parental Rights and Granting to the Arkansas Department of Human Services and the Power to Consent to Adoption  MOTHER  FATHER
- Adoption Subsidy Profile
- Documentation to Support Child’s Special Needs
- DHS/DCFS Adoption Selection Form and documentation of the agency’s efforts To place without subsidy (FOR NON FOSTER-PARENT SELECTIONS ONLY)
- CFS-304 Justification for Levels of Care Special Board Rate Form, & supporting documentation, (IF APPLICABLE)
- CFS-488 Eligibility Summary (COMPLETED AT THE TIME THE CHILD ENTERED FOSTER CARE DOCUMENTING ELIGIBILITY CATEGORY)
- Non IV-E Medicaid / Attach documentation that specifically meets the Medical Service Policy 6590.2, (IF APPLICABLE)
- Copy of Original Notice of Child’s SSI Eligibility (IF APPLICABLE)
- CFS-425 Application for Adoption Subsidy
- CFS-427 Determination of Eligibility for Adoption Subsidy

SUBMITTED BY: \_\_\_\_\_  
ADOPTION SPECIALIST SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

**MY SIGNATURE INDICATES THAT I HAVE CHECKED AND PROVIDED ALL DOCUMENTATION REQUIRED TO PROCESS A SUBSIDY.**

**Central Office Use Only**

APPROVED

DENIED

TABLED

Approved by: \_\_\_\_\_  
Subsidy Coordinator

\_\_\_\_\_  
Date